

Filing Fee \$250.00

**FOREIGN
LIMITED LIABILITY PARTNERSHIP**

STATE OF MAINE

**APPLICATION FOR AUTHORITY
TO DO BUSINESS**

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Liability Partnership in Jurisdiction of Organization)

Pursuant to 31 MRSA §852.3., the undersigned limited liability partnership applies for authority to do business in the State of Maine:

FIRST: If different, the name under which it proposes to apply for authority to do business in the State of Maine pursuant to §803.1.A. or §803.2.B.* (if not applicable, so indicate)

☐ Form MLLP-12F* accompanies this application.

SECOND: Date of organization _____ Jurisdiction of organization _____

Address of the registered or principal office, wherever located, is

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

THIRD: The foreign limited liability partnership validly exists as a limited liability partnership under the laws of the jurisdiction of its organization. The nature of the business or purposes to be conducted or promoted in the State of Maine is

FOURTH: The name of its Registered Agent, an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine, and the address of the registered office shall be

(name)

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

THIS FORM MUST BE ACCOMPANIED BY FORM MLLP-18 (Acceptance of Appointment as Registered Agent §854.2-A.)

The Secretary of State of Maine is an agent upon whom service of process may be served pursuant to §861.3.

FIFTH: The name and business, residence or mailing address of the contact partner is:

NAME

ADDRESS

SIXTH: The date on which the foreign limited liability partnership first did, or intends to do, business in the State of Maine is _____.

SEVENTH: This application is accompanied by an original certificate executed not more than 90 days prior to the delivery of the application for filing by the official having custody of the records pertaining to limited liability partnerships in the jurisdiction of organization showing that the limited liability partnership is in good standing or the equivalent.

DATED _____

AUTHORIZED SIGNATURE(S)**

(signature)

(type or print name and capacity)

For Authorized Signature(s) on behalf of Entities

Name of Entity _____

By _____

(authorized signature)

(type or print name and capacity)

*The limited liability partnership name as used in the State of Maine must contain one of the following: "Limited Liability **Partnership**", "L.L.P." or "LLP" (§803.1.A.). If the addition of these words is the only difference from the limited liability partnership's true name in its jurisdiction of organization, no further action is required. If the limited liability partnership proposes to do **business** in this State under an assumed name only pursuant to §803.2.B., this application must be accompanied by form MLLP-12F.

Application **MUST be signed by at least one **authorized person** (§852.2.).

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under Title 17-A, **section** 453.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**